

CHOP 0225

**DECLARATION/
POWER OF ATTORNEY
FOR UTILITY OR DESIGN
PATENT APPLICATION**

Declaration Submitted With Initial Filing (37 CFR 1.63)

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Supplemental Declaration (37 CFR 1.67)

Attorney Docket Number: CHOP 0225

First Named Inventor: KO, Frank

COMPLETE IF KNOWN

Application Number: To Be Assigned

Filing Date: Herewith

Art Unit: To Be Assigned

Examiner Name: Not Yet Known

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

GENE AND CELL DELIVERY SELF EXPANDING POLYMER STENTS

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) April 16, 2004 as United States Application or PCT International Application Number PCT/US2004/011794 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.

Declaration/Power Of Attorney for Utility or Design Patent Application

(continued)

I hereby appoint:

Practitioners at Customer Number _____

OR

Practitioner(s) named below:

Name	Registration Number

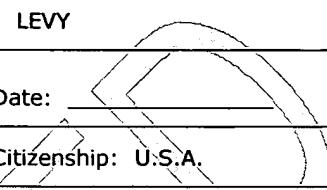
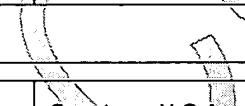
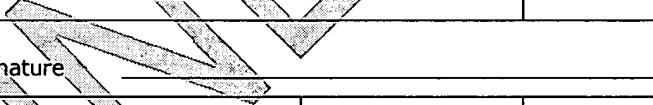
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Direct all correspondence to:	<input type="checkbox"/> Practitioners Customer Number listed above; OR <input checked="" type="checkbox"/> Correspondence Address Below	
Name: Jennifer E. Langenberger, Intellectual Property Specialist		
Address: The Children's Hospital of Philadelphia, The J. Joseph E. Stokes, Jr. Research Institute, Abramson Pediatric Research Center, Room 807, Department of Technology Transfer, 3615 Civic Center Boulevard		
City: Philadelphia	State: PA	Zip: 19104
Country: U.S.A.	Telephone: 215-590-5645	Fax: 215-590-5485
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.		

Name of Sole or First Inventor:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
KO		FRANK	
Inventor's Signature		Date: _____	
Residence: City: PHILADELPHIA	State: PA	Country: U.S.A.	Citizenship: U.S.A.
Mailing Address: 5144 CASTER AVENUE			
Mailing Address:			
City: PHILADELPHIA	State: PA	Zip: 19124	Country: U.S.A.
<input checked="" type="checkbox"/> Additional inventors are listed on the next page.			

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(continued)

Name of Second Inventor:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
ROBERT J.		LEVY	
Inventor's Signature		Date: 	
Residence: City: MERION STATION	State: PA	Country: U.S.A.	Citizenship: U.S.A.
Mailing Address: 440 MERION ROAD			
Mailing Address:			
City: MERION STATION	State: PA	Zip: 19066	Country: U.S.A.
Name of Third Inventor:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
IVAN		ALFERIEV	
Inventor's Signature		Date: 	
Residence: City: CLEMENTON	State: NJ	Country: U.S.A.	Citizenship: RU
Mailing Address: 1341 BLACKWOOD CLEMENTON ROAD #963			
Mailing Address:			
City: CLEMENTON	State: NJ	Zip: 08021	Country: U.S.A.
Name of Fourth Inventor:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
INA		FISHBEIN	
Inventor's Signature		Date: 	
Residence: City: PHILADELPHIA	State: PA	Country: 19116	Citizenship: IL
Mailing Address: 450 BYBERRY ROAD #T-21			
Mailing Address:			
City: PHILADELPHIA	State: PA	Zip: 19116	Country: U.S.A.
<input type="checkbox"/> Additional inventors are listed on _____ Supplemental Sheet(s).			